



DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

Office of Performance Review (OPR)
Denver Regional Division
1961 Stout Street, Room 424
Denver, CO 80294

Montana Strategic Partnership Summary

Date: June 20, 2008

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Report Date: August 21, 2008

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) Office of Performance Review (OPR), Denver Regional Division, hosted a State Strategic Partnership Session (SSPS) in Helena, Montana on June 20, 2008. Prior to the SSPS, the Denver Regional Division facilitated several conference calls with the state level grantees in Montana. The conference calls enabled the HRSA grantees to explore potential areas of focus during the SSPS. Ultimately, the grantees chose oral health, as it was considered an issue that impacted most state and community-based HRSA grantees. The Center for Medicare and Medicaid Services' (CMS) review of Montana's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) dental program, occurred around that same time, which served to galvanize interest around oral health. Mrs. Colleen Lampron served as consultant and facilitator for the SSPS. She is currently the Executive Director of the National Network for Oral Health Access and provides consultation services exclusively for oral health related matters.

The preliminary work to develop an area of focus in collaboration with the HRSA grantees and OPR staff made a separate Kick Off meeting unnecessary. The SSPS was held on June 20, 2008 at the Great Northern Best Western Hotel in downtown Helena, Montana. Three types of participants attended including: (1) HRSA state level grantees, (2) staff from Montana's community health centers, and (3) key stakeholders including staff from the Indian Health Service Billings Area Office, the Montana Dental Association, the Montana Medicaid program, the Montana Dental Hygienists Association, and the CMS Denver Regional Office (by phone). In all, forty-two people were invited and thirty-two attended.

Denver Regional Division staff stated the purpose and intended results of the SSPS to open the meeting, followed by short presentations from several HRSA grantees regarding their current oral health activities and challenges. A staff person from the Montana Medicaid dental program presented an overview of the results of the CMS review, followed by a discussion, among all in attendance, of the gaps and barriers to accessing dental EPSDT services, as well as suggested intervention strategies. During the lunch period, a guest speaker from the American Dental Association (ADA) was invited to provide an overview of the ADA's proposed dental auxiliary, the Community Dental Health Coordinator. This overview included the pilot demonstration site on the Salish Kootenai reservation in Montana and was of interest to the HRSA grantees and the OPR staff. Following lunch, small group breakout sessions were formed to discuss strategies and potential next steps in response to the identified gaps and barriers. Then the larger group reconvened and identified potential collaborative action steps to improve access to dental services for Medicaid eligible children.

The participants identified four action steps and selected leaders to implement each of them. The four action steps are:

1. Develop stronger collaborations across the state to increase access to oral health services;
2. Increase funding for health centers to expand their services and strengthen their clinical staff;
3. Develop a continuing education course for dentists and physicians that provides the latest evidence base for oral health care treatment of children ages 0 to 3 years.

4. Provide additional training for dental providers and Medicaid beneficiaries regarding the Montana EPSDT dental program.

The Denver Regional Division staff will continue to follow-up with the leaders of each action step until a closeout conference call occurs with all the SSPS participants in late September 2008.

TABLE OF CONTENTS

	Page
EXECUTIVE SUMMARY	
I. Participant Information	5
II. Strategic Partnership Session Overview	6
A. State/Community Selection	
B. Priority Health Issue	
C. State Strategic Partnership Session Summary	
1. Identified Gaps and Barriers	
2. Potential Strategies and Opportunities	
III. Outcomes	10
A. Use the Healthy Kids Initiative as a Catalyst to Increase Access to EPSDT	
B. Establish Incentives for Dental Providers to Work in Underserved Areas	
C. Develop Partnerships to Increase Access to Services	
D. Conduct Provider Training to Increase Access to Dental Care for Pregnant Women and Children ages 0 to 3	
IV. Next Steps	12
V. Appendices	14
A. Invitation Letter	
B. Session Agenda	
C. Participant List	
D. State Profile	

I. PARTICIPANT INFORMATION

The Health Resources and Services Administration (HRSA) grantees participating in the Montana State Strategic Partnership Session (SSPS) represent statewide programs along with local programs that consider improvement of oral health and access to dental care as a part of their grant activity. Appendix C provides a list of participants and Appendix D provides complete information about the HRSA grantees and their programs.

The state level grantees include the Montana Office of Rural Health, the Montana Primary Care Association (MPCA), the Montana Primary Care Office, the Montana Maternal and Child Health Bureau, and the Montana Oral Health Program. Other key stakeholders participating in the SSPS include Montana's community health centers (CHC), the Montana Medicaid program, the Montana Dental Association, the Montana Dental Hygienists Association, the Montana Chapter of the American Academy of Pediatrics, the Montana Area Health Education Center, the Indian Health Service Billings Area Office, and the Montana Head Start Collaborative Office.

II. STATE STRATEGIC PARTNERSHIP - OVERVIEW

A. State/Community Selection: The Office of Performance Review (OPR), Denver Regional Division selected the state of Montana for the 2008 SSPS based on the Regional Division's assessment of the state's priority health needs and issues, the political environment, and the number of HRSA grantees in the state.

B. Priority Health Issue: A core group of HRSA grantees met periodically before the SSPS to identify a statewide priority health issue and discuss opportunities for collaboration. The three areas explored were tobacco cessation, mental health, and oral health. Concurrently, the Centers for Medicaid and Medicare Services (CMS) was reviewing the provision of dental services to Medicaid eligible children enrolled in the Early Periodic Screening, Diagnosis, and Treatment program (EPSDT) in 15 states, including Montana.

States were selected if 30 percent or less of the Medicaid-eligible children ages 1 through 20 received at least one dental encounter during 2006. Overall, Montana ranked 41st in the nation in 2006, at 26 percent. The unique timing of the CMS review of Montana's EPSDT dental program in March 2008 presented an opportunity for HRSA grantees to develop strategies to address CMS' concerns regarding the utilization of dental EPSDT services. The HRSA grantees developed the following goals:

1. Provide an opportunity for HRSA grantees, oral health partners, and potential partners to identify opportunities for collaboration.
2. Develop short-term strategies to increase access to dental services among the Medicaid population, ages 1 through 20.

All HRSA grantees in Montana were invited to participate in the SSPS. Additional stakeholders who could contribute to the work of the HRSA grantees were invited to participate and included the Montana Dental Association and representatives from the Indian Health Service, the American Dental Association, and the Montana Chapter of the American Academy of Pediatrics.

C. Strategic Partnership Summary: The SSPS was scheduled for June 20, 2008 in Helena, Montana. The SSPS was organized based on the participants' feedback from the preparatory meetings. HRSA grantees were invited to give a brief presentation of their activities related to children's oral health; the main challenges for providing oral health services to young children; and to identify opportunities for serving Medicaid eligible children. The five HRSA grantees that gave presentations are identified in Appendix B. During lunch, a representative from the American Dental Association gave a presentation on the Community Dental Health Worker project, currently being piloted by the Confederated Salish and Kootenai Tribes in northwestern Montana.

1. **Barriers to Accessing Dental Care:** Following the grantees' presentations, the participants discussed key barriers to achieving the goal of serving children covered by Medicaid. The following is a list of the gaps and barriers identified:

- a. **Demand vs. Capacity:** The demand for dental services among individuals obtaining care at CHCs far exceeds the capacity to offer those services. CHC's capacity is insufficient due to: 1) three CHC's in the state lack dental programs, 2) there exists vacancies of dentists and dental staff in six CHCs, and 3) recruitment and retention of dental staff in rural and frontier areas remains a barrier to increasing capacity.
- b. **Provider Shortage:** As reported by the MPCA, the current population-to-dentist ratio is 2,157 to 1, compared to the U.S. average of 1,813 to 1. Montana needs approximately 84 more general practice dentists to equal the national ratio. In addition, there exists a maldistribution of dentists in rural and frontier areas of Montana. The shortage versus maldistribution of dentists was discussed during the session, and the participants agreed that regardless of the classification, there are too few dentists serving the Medicaid population in Montana.
- c. **Medicaid Reimbursement and Administrative Issues:** In Montana, the State Medicaid agency recently increased reimbursement for Medicaid dental EPSDT services, yet there has been a concurrent decrease in dentists accepting new Medicaid patients. The reasons why the participation of dentists in the dental EPSDT Medicaid program is declining are multifactorial and complex. Some private practice dentists participating in the session stated that Medicaid reimbursement remains inadequate to cover their overhead costs. In addition, some dentists commented that there are private practice dentists in Montana that choose not to participate in Medicaid due to concerns about being involved in a lengthy audit process by the Montana Medicaid program. An additional burden mentioned was the CMS requirement that providers participating in Medicaid establish a National Provider Identifier number.
- d. **Patient Health Literacy and Navigating Access to Dental Services:** There are multiple barriers for patients covered by Medicaid to access dental services in Montana. The Montana Medicaid program neither maintains a current list of private practice dentists that accept Medicaid patients nor makes this list available to agencies that could help Medicaid patients' access dental services. In addition, patients may have difficulty accessing dental care because the office hours are not convenient for their schedules, or they may encounter transportation barriers to access the office. Participants at the SSPS acknowledged that patients covered by Medicaid are less knowledgeable about oral health care and do not consider it as high a priority as does the general population, resulting in many patients seeking dental care only in emergency situations.
- e. **Training for Providers on the Prevention and Management of Early Childhood Caries:** In the past several years the clinical guidelines issued by the American Academy of Pediatrics, the American Dental Association, and the American Academy of Pediatric Dentistry have differed in protocols for childhood dental care. This has, resulted in the misperception by both dental and medical providers regarding the most appropriate clinical management of early

childhood caries and anticipatory guidance for infants and toddlers up to age three.

2. Potential Strategies and Opportunities: The SSPS participants discussed potential strategies and opportunities to improve access to oral health services for Medicaid eligible children. The following is a list of three areas the participants identified as opportunities to increase access:
 - a. **Policy:** Participants discussed the policy opportunities that would increase access to services for Medicaid populations. Below are specific strategies recommended to address the gaps and barriers to dental access.
 - i. **Children's Health Coverage Ballot Initiative:** Participants reviewed the draft ballot initiative on children's health that will be proposed during the next legislative session, and concluded that there may be an opportunity to amend it to include oral health access, children's dental health coverage, and increasing capacity within the CHC system.
 - ii. **Rural Access Opportunities:** Several opportunities were identified to increase the number of dental providers, specifically those who will serve underserved populations. Suggested strategies include:
 - Identify rural and frontier areas in Montana that currently are without dental services and develop initiatives that will distribute more funding for dental services in those areas.
 - Consider additional funding sources through state partner involvement in the 2009 state legislative Oral Health Study Group to increase Montana resident dental slots in various out-of-state university-based programs, such as Western Interstate Commission for Higher Education¹ and the University of Minnesota.
 - Create additional state funding for a state dental loan repayment and scholarship program that would encourage new graduate dentists to practice in rural and underserved areas.
 - Obtain legislative or administrative authorization to offer enhanced reimbursement to dentists who serve rural and underserved populations.
 - iii. **CMS Montana Onsite Review report:** Montana was one of 15 states nationally that CMS reviewed in 2008 in order to develop strategies to increase access to dental EPSDT services. This review served as an opportunity for the Denver Regional Division to convene the Montana HRSA state level grantees and their key stakeholders to review CMS' recommendations resulting from the onsite review and take specific action. The CMS report was not available at the time of the Montana SSPS, but a representative from the Montana Medicaid program discussed CMS' onsite

¹ <http://www.wiche.edu/>

review process. The OPR review team will work with the Montana SSPS participants to convene a workgroup to review CMS' final report and develop strategies to increase EPSDT-eligible recipients' utilization of dental services.

b. **Provider Support:** The following strategies were developed to support providers and decrease access barriers:

- i. **Mobile Dental Services and Teledentistry:** Pursue more funding opportunities for portable/outreach dental services, including teledentistry to support providers working in rural areas.
- ii. **Medical/Dental Partnerships:** There is growing recognition of the need for partnership among medical and dental providers to begin early prevention of dental disease. One suggested strategy is to follow the American Academy of Pediatrics lead and provide opportunities for patients to receive fluoride varnish application in public and private medical clinics to start preventing dental disease early.
- iii. **Collaboration between Community Health Center Dentists and Private Practice Dentists:** Representatives from the MPCA and the Montana Dental Association identified several ways they could partner in the short and long-term to address access barriers:
 - The Montana Dental Association will develop and make available a list of current Medicaid providers to share with the Montana Medicaid program. Due to the changing nature of this list, the resources to maintain and update a list has not been pursued in the past by the Medicaid program.
 - The Montana Dental Association and the MPCA will explore partnerships with CHCs to serve underserved patients such as: hosting joint training opportunities for dentists to serve patients age 3 and younger, creating opportunities for the Montana Dental Association dentists to support CHC dental programs or explore policy opportunities, such as requiring dentists to serve Medicaid patients each year as a condition of licensure.
 - Sponsor training for private practice and CHC dentists related to serving young patients and pregnant women. Explore inviting pediatricians and family practice physicians for a portion of the training.

c. **Education:** Participants discussed two areas of education that would support better access for Medicaid patients:

- i. **Dental Professional Higher Education and Continuing Education:**
 - Add more dental hygiene schools or more student slots in agreements with other dental schools or schools of dental hygiene to increase the number of dental hygienists and dentists in the workforce.

- Participate in career fairs and provide presentations in high schools to market dentistry and dental hygiene as career options to increase the number of dental school and dental hygiene school applicants from Montana.

ii. **Patient Education to Improve Outcomes:**

- Provide prenatal oral health education to begin early dental disease prevention.
- Collaborate with schools in the Montana Office of Public Instruction to provide education about oral health and disease prevention in elementary, middle, and high school.
- Work with Head Start and child care providers to provide preventive care to children before they reach school age.
- Educate grandparents on dental care for the children they care for.
- Sponsor a public service campaign about prevention of dental disease to increase understanding of preventive options.
- Work with schools to provide portable dental services in schools, targeting Medicaid eligible children.

III. OUTCOMES

Participants formed work groups to address the three areas identified above. Participants were asked to identify objectives, and then develop action steps. Denver Regional Division OPR staff was assigned to each work group to guide the development of objectives and action steps intended to increase dental services for Montana children. Participants developed the following four objectives and associated action steps:

A. Use the “Healthy Kids Initiative,” a ballot initiative that will be proposed during Montana’s next legislative session, as a catalyst to increase access for Medicaid recipients.

Lead/Champion: JoAnn Walsh Dotson, Branch Chief, Family Health and Community Health Bureau, Montana Department of Public Health and Human Services

Action: Work with key decision makers to include oral health among the services that would benefit from the funds raised as a result of the Children’s Health Coverage ballot initiative. With these new funds the following would be considered:

1. Expand existing EPSDT screening activities for all newly enrolled children in the dental EPSDT Medicaid program.
2. Work with public elementary schools to raise awareness among school staff and parents regarding EPSDT program enrollment.
3. Inform health care providers about the EPSDT program and work to increase participation among dentists.

B. Work to establish incentives for the recruitment of dental providers to underserved locations.

Lead/Champion: JoAnn Walsh Dotson, Branch Chief, Family Health and Community Health Bureau, Montana Department of Public Health and Human Services

Action: Identify a state legislative champion to pursue opportunities and collaborate with all key partners to expand oral health access for the Medicaid eligible population to include:

1. Consider additional funding sources through state partner involvement in the 2009 state legislative Oral Health Study Group to increase Montana resident dental slots in various out-of-state university-based programs, such as the Western Interstate Commission for Higher Education and the University of Minnesota.
2. Recommend disproportionate share payments for dentists serving underserved populations in Montana.
3. Seek more state investment in CHC dental programs throughout the state.

C. Provider Support: Develop partnerships to increase access to oral health services for MT.

Lead/Champion: Alan Strange, Executive Director, MPCA; and Dr. Jane Gillette (Private Dentist)

Action:

1. MPCA will work with the Montana Dental Association and Montana American Academy of Pediatrics to develop a partnership that will improve access to Medicaid dental EPSDT services
2. MPCA will work with the Montana Dental Association to develop a current and maintainable database of Medicaid dental providers.

D. Provider Training: Increase access to dental care for pregnant women and children aged 0 to 3 years of age.

Lead/Champion: Maggie Virag, Oral Health Program Director, Montana Department of Public Health and Human Services

Action:

1. Seek HRSA technical assistance to host a training opportunity for medical and dental providers to address dental access in Montana. This training opportunity will focus on the management of early childhood caries for children ages 0 to 3 years.

IV. NEXT STEPS

1. The OPR Montana SSPS review team and consultant will host a conference call with the SSPS participants in the late summer of 2008 to assess the progress made of the three session Outcome groups: Oral Health Policy, Dental Provider Support, and Education for Patients and Providers.
2. The OPR Montana SSPS review team leader will conduct a meeting in September 2008 with the MPCA and the Montana Dental Association to explore potential partnerships and a future meeting between Montana private practice dentists and CHC Dental Directors.
3. The OPR Montana SSPS review team and Montana Oral Health Program Director, working in conjunction with the Montana Dental Association, will conduct a Early Childhood Caries training for physicians, private practice dentists, and community health center dental directors in mid-spring 2008 to increase knowledge among providers in the management of early childhood caries.

Session Evaluation: Of SPS participants, 63 percent (19 of 30) completed an evaluation of the session. Participants rated the networking and new ideas as the most valuable components of the meeting. The evaluation received a cumulative average rating of 3.67 out of 4.

<i>This scoring key was used:</i>	4	3	2	1
	Strongly Agree	Agree	Disagree	Strongly Disagree
The information provided through this session was useful to me.				
12 – Strongly Agree	8 – Agree			
				Average – 3.6
The networking and contacts provided through this session were useful to me.				
15 – Strongly Agree	5 – Agree			
				Average – 3.75
The session was organized and facilitated in an effective manner - encouraged participation, facilitated learning, and helped small groups and large groups discuss the issues at hand and develop strategies for follow up.				
19 – Strongly Agree	1 – Agree			
				Average – 3.95
As a result of this session, I have a better understanding of how HRSA grants support activities in Montana.				
8 – Strongly Agree	11 – Agree	1 – Disagree		
				Average – 3.35
This session provided an opportunity for HRSA grantees, oral health partners and potential partners to understand opportunities for collaboration.				
11 – Strongly Agree	8 – Agree	1 – Disagree		
				Average – 3.5
This session provided an opportunity for participants to learn about oral health access needs and circumstances in Montana.				

<i>15 – Strongly Agree</i>	<i>5 – Agree</i>	<i>Average – 3.75</i>
During the session, short term strategies to increase access to dental services among the Medicaid population, ages 1-20 were developed.		
<i>19 – Strongly Agree</i>	<i>1 – Agree</i>	<i>Average – 3.95</i>
I learned something during this session that I can utilize to improve the workforce activities or better meet the workforce needs in my organization.		
<i>10 – Strongly Agree</i>	<i>10 – Agree</i>	<i>Average – 3.5</i>



APPENDIX A – INVITATION LETTER

Date:

Address

Dear _____:

The Health Resources and Services Administration (HRSA), Office of Performance Review (OPR), Region VIII Office in Denver, CO is hosting a State Strategic Partnership Session (SSPS) with several HRSA grantees and key stakeholders in Montana. As a HRSA grantee/key stakeholder in oral health, with involvement in improving the oral health of Montanans', your involvement in this session is greatly valued and important to HRSA. Therefore, I hope you will add the SSPS meeting date, June 20, 2008, to your calendar. The meeting will be held at the Helena, MT Airport Conference room, with exact location and parking instructions, and additional logistics to follow. This letter will provide additional information on the one-day oral health meeting.

As you may know, HRSA, an agency within the U.S. Department of Health and Human Services (DHHS), is a primary funding source for programs supporting the development of the Federally Qualified Health Center oral health care delivery system. One of HRSA's important goals is to increase access to basic oral health care services for the nation's underserved, vulnerable, and special needs populations. To contribute to this goal, HRSA's OPR conducts up to 20 strategic partnership sessions annually to examine the collective effectiveness of HRSA funded programs and facilitate greater collaboration among HRSA grantees in addressing priority health needs within communities and states. Through structured partnership sessions, OPR convenes HRSA grantees from selected communities or states and their partners to review key population-level indicators of health; analyze the factors impacting these indicators; and identify effective, collaborative strategies to improve the overall health of populations living within these communities and states.

The focus of this Montana State Strategic Partnership Session will be to develop short-term strategies that can be implemented to increase access to dental services among the Medicaid population, ages 1-20. During this meeting, the participants will learn more about each other and about the oral health issue proposed. The participants will then develop a short-term strategy of ways they might collaboratively work together to address those strategies. A second, follow-up meeting will then be scheduled for later early fall to report on progress made.

This will be an exciting collaboration of HRSA grantees with partners and stakeholders with many opportunities for open dialogue and exchange of ideas. Your involvement in this SPSS meeting on June 20, 2008 would be of great benefit to this process. Please choose the person, who can best represent your organization regarding this issue, to attend these meetings. The

Montana State Strategic Partnership Summary

meeting agenda, participant list, and other necessary information will be forwarded later this month.

Please confirm you, or your designee's, attendance by contacting Brenda Neubaum at Brenda.Neubaum@hrsa.hhs.gov or call at 303 844-7877. She would also be happy to provide additional information about these State Strategic Partnership Sessions. You may also contact Jim Sutherland at Jim.Sutherland@hrsa.hhs.gov or call 303 844 7873 for additional information. Thank you in advance for considering participation in this collaboration!

Sincerely,

Beth A. Dillon, MSW, MPH
Director, Denver Regional Division
HRSA Office of Performance Review

APPENDIX B – SESSION AGENDA

**Health Resources and Services Administration
Office of Performance Review
Montana State Strategic Partnership Session
Best Western – Great Northern Hotel
835 Great Northern Blvd., Helena, MT
June 20, 2008
8:00 AM – 2:45 PM
Agenda**

Meeting Goals:

Provide an opportunity for HRSA grantees, oral health partners and potential partners to understand opportunities for collaboration.

Develop short term strategies that can be implemented to increase access to dental services among the Medicaid population, ages 1-20.

Time:	Content:	Facilitator/Speaker
8:00 AM	Call to Order	Colleen Lampron
8:05 AM	Welcome & Overview What we need from you to make this meeting a success	HRSA Staff
8:15 AM	Participant introduction HRSA Grantee Update Each grantee will give a brief (5 minute) presentation to discuss activities related to children's oral health Discuss the main challenges for providing oral health services to young children. Identify opportunities for serving Medicaid children	JoAnn Walsh Dotson, Chief, MT DPHHS Family and Community Health Bureau Maggie Virag, Oral Health Education Specialist, Family and Comm. Health Bureau Alan Strange, Director MT Primary Care Association Kristin Juliar, Director, MT State Office of Rural Health and MT Area Health
	Laurie Francis, CEO	CHC presentation Community Health Partners, Livingston, MT
9:15 AM	MT DPHHS Medicaid Dental Program: Discussion of CMS' Review of Montana's EPSDT Dental Program	Jan Paulsen, Dental Program Officer, MT DPHHS Acute Services Bureau

10:00 AM	Participant Response: What are the gaps in Medicaid access? What are barriers in Medicaid access? What are the opportunities?	Colleen Lampron
10:15 AM	Break	
10:30 AM	Gaps and Barriers Identify gaps and barriers to increasing access to dental services among the Medicaid population, ages 1-20.	Colleen Lampron
11:30 AM	Identify Strategies and Opportunities Prioritize options to increase access to dental services among the Medicaid population.	Colleen Lampron
12:00 PM	Working Lunch Results from the ADA's Community Dental Health Coordinator Demonstration Sites	Dr. Robert Brandjord, American Dental Association Past President
1:00 PM	Action Planning Participants plan next steps based on the prioritized opportunities from the morning session.	Colleen Lampron
2:00 PM	Meeting Evaluation	Colleen Lampron
2:15 PM	Closing Statements and Next Steps	James Sutherland, DDS
2:45 PM	Adjourn	

APPENDIX C – PARTICIPANT LIST

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Montana State Strategic Partnership Summary

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MT Department of Public Health and Human Services

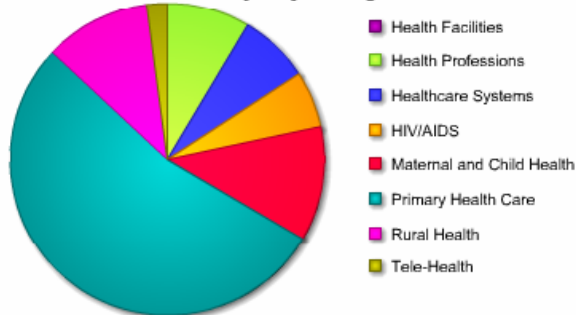
Montana State Strategic Partnership Summary

State Maternal and Child Health Services
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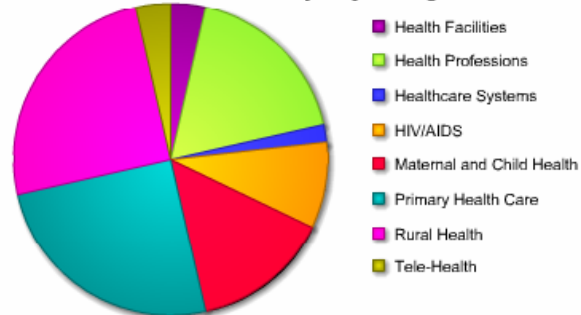
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APPENDIX D – STATE PROFILE

FY 2006 Grant Dollars by Major Program



FY 2006 Number of Grants by Major Program



FY2006 HRSA FUNDING		
Major Program	Grant Dollars	Number of Grants
Primary Health Care	\$13,667,633	14
HIV/AIDS	\$1,485,512	5
Maternal & Child Health	\$3,022,262	8
Healthcare Systems	\$1,856,928	1
Health Professions	\$2,187,536	10
Rural Health	\$2,791,843	14
TOTAL	\$25,011,714	52

Primary Care (\$13,667,633): The purpose of funding is support for states, territories, and community organizations to expand access to primary care for underserved populations. Efforts in this area include supporting direct provision of primary care services, addressing organizational effectiveness and fostering collaboration, providing technical assistance to organizations/communities, conducting needs assessment, sharing data, developing the workforce for the National Health Service Corps and Safety Net/Health Center Network, and designating health professional shortage areas. See <http://bphc.hrsa.gov/>.

HIV/AIDS (\$1,485,512): The Ryan White Program funds primary care and support services for individuals living with HIV disease who lack health insurance and financial resources for their care. Grants fund medical, dental, and support services; State and territorial efforts to develop and enhance comprehensive, community-based care; outpatient HIV early intervention services and ambulatory care; and access to clinical trials and research. See <http://hab.hrsa.gov/aboutus.htm>.

Maternal & Child Health (\$3,022,262): The Title V Maternal and Child Health Block Grants enable states to provide and assure mothers and children access to quality services, reduce infant mortality and the incidence of preventable diseases and handicapping conditional among children, and provide and promote family-centered, community-based, coordinated care for children with special health care needs. See <http://mchb.hrsa.gov/>.

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Healthcare Systems (\$1,856,928): Grant programs in the Healthcare Systems Bureau include the National Bioterrorism Hospital Preparedness Program (NBHPP), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), and the Poison Control Program. In 2007, the NBHPP and ESAR-VHP programs were transferred to the Office of the Assistant Secretary for Preparedness and Response within the U.S. Department of Health and Human Services. The information provided in this profile reflects FY2006 data. See <http://www.hrsa.gov/hsb/>.

Health Professions (\$2,187,536): Programs under the Health Professions Bureau support innovations and targeted expansions in health professions education and training. Emphasis is on increasing the diversity of the health care workforce and preparing health care providers to serve diverse populations and to practice in the nation's 3,000 medically underserved communities. National Health Service Corp placements and health education training programs address shortages of health professionals in underserved communities. See <http://bhpr.hrsa.gov/>. The Web site includes data on current Health Professional Shortage Area and Medically Underserved Areas/Population designations for Montana.

Rural Health (\$2,791,843): The goal of the program is to assist States in strengthening rural health care delivery systems by creating a focal point for rural health within each state. Each state agrees to establish and maintain a clearinghouse for rural health care information, coordinate the activities in the state that relate to rural health care, identify federal, state, and nongovernmental programs regarding rural health, and provide technical assistance to public and nonprofit private entities regarding participation in such programs. See <http://ruralhealth.hrsa.gov/>.

Denver Regional Division Performance Reviews 2004-2008 in Montana

Name	City	HRSA Bureau/Office
Reviewed in 2004		
BUTTE – SILVER BOW COMMUNITY HEALTH CENTERS	BUTTE	BPHC
MONTANA STATE UNIVERSITY – NORTHERN (NURSING WORKFORCE DIVERSITY)	HAVRE	BHPR
Reviewed in 2005		
COMMUNITY HEALTH PARTNERS	LIVINGSTONE	BPHC
LINCOLN COUNTY HEALTH DEPARTMENT	LIBBY	BPHC
MISSOULA CITY/COUNTY HEALTH DEPARTMENT	MISSOULA	BPHC/HAB
MONTANA MIGRANT COUNCIL	BILLINGS	BPHC
Reviewed in 2006		
CASCADE CITY COUNTY HEALTH DEPARTMENT	GREAT FALLS	BPHC
Reviewed in 2007		
LEWIS AND CLARK CITY COUNTY HEALTH DEPARTMENT * 2008 Reviews	HELENA	BPHC

*Ashland CHC, Wheatland CHC, Custer CHC , Montana Primary Care Association, Montana Primary Care Office, Montana Traumatic Brain Injury Program, Saint Patrick Telehealth Network Grant Program,

